

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
2013 JAN 24 PM 1:01
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Farmers Mutual Hail Insurance Company of Iowa
Political Action Committee

ADDRESS (number and street) 6785 Westown Parkway

Check if different than previously reported. (ACC) West Des Moines IA 50266-7727

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00117614

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☒ Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on [] / [] / [] in the State of []

- (d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on [] / [] / [] in the State of []

5. Covering Period 11 / 27 / 2012 through 12 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT McEntee

Signature of Treasurer

Date

01 / 16 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Report Covering the Period:

From:

1 1 / 2 7 / 2 0 1 2

To:

1 2 / 3 1 / 2 0 1 2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	2 0 1 2	4 9 4 5 6 5 8
(b) Cash on Hand at Beginning of Reporting Period.....	4 7 5 6 1 3 4	
(c) Total Receipts (from Line 19)	3 7 5 9 4 4	1 5 3 0 4 2 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5 1 3 2 0 7 8	6 4 7 6 0 7 8
7. Total Disbursements (from Line 31)		1 3 4 4 0 0 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5 1 3 2 0 7 8	5 1 3 2 0 7 8
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Report Covering the Period:

From:

1 1 / 2 7 / 2 0 1 2

To:

1 2 / 3 1 / 2 0 1 2

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

3 1 2 5 6 8

1 2 0 2 8 0 0

(ii) Unitemized.....

6 3 3 0 4

3 2 7 5 4 8

(iii) TOTAL (add
Lines 11(a)(i) and (ii)).....▶

3 7 5 8 7 2

1 5 3 0 3 4 8

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs).....

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

3 7 5 8 7 2

1 5 3 0 3 4 8

**12. Transfers From Affiliated/Other
Party Committees.....**

13. All Loans Received.....

14. Loan Repayments Received.....

**15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....**

**16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....**

**17. Other Federal Receipts
(Dividends, Interest, etc.).....**

7 2

7 2

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶**

3 7 5 9 4 4

1 5 3 0 4 2 0

**20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶**

3 7 5 9 4 4

1 5 3 0 4 2 0

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:
- (a) Allocated Federal/Non-Federal Activity (from Schedule H4)
- (i) Federal Share
- (ii) Non-Federal Share.....
- (b) Other Federal Operating Expenditures
- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))
22. Transfers to Affiliated/Other Party Committees.....
23. Contributions to Federal Candidates/Committees and Other Political Committees.....
24. Independent Expenditures (use Schedule E)
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....
26. Loan Repayments Made.....
27. Loans Made.....
28. Refunds of Contributions To:
- (a) Individuals/Persons Other Than Political Committees
- (b) Political Party Committees
- (c) Other Political Committees (such as PACs).....
- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....
29. Other Disbursements
30. Federal Election Activity (2 U.S.C. §431(20))
- (a) Allocated Federal Election Activity (from Schedule H6)
- (i) Federal Share
- (ii) "Levin" Share.....
- (b) Federal Election Activity Paid Entirely With Federal Funds
- (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- **penditures**

COLUMN A **Total This Period**

COLUMN B **Calendar Year-to-Date**

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

3	7	5	8	7	2

1	5	3	0	3	4	8

13031020424

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 9

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name (Last, First, Middle Initial) Rutledge, Ronald P.		Date of Receipt
Mailing Address 240 Linden Drive		<input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Deduction
City Waukee	State Iowa	Zip Code 50263
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Amount of Each Receipt this Period 1 7 6 7 7 2
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation President FMH	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3 2 2 5 1 8	

B. Full Name (Last, First, Middle Initial) Roggenburg, Darin		Date of Receipt
Mailing Address 2035 134th Street		<input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Deduction
City Clive, Iowa	State Iowa	Zip Code 50325
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Amount of Each Receipt this Period 1 9 3 6 0
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation CFO FMH	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1 2 4 8 4 0	

C. Full Name (Last, First, Middle Initial) Rutledge, Shannon		Date of Receipt
Mailing Address 2273 NE 88th Street		<input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Deduction
City Altoona, Iowa	State Iowa	Zip Code 50009
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Amount of Each Receipt this Period 1 7 0 5 6
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation SVP FMH	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1 0 9 7 3 8	

SUBTOTAL of Receipts This Page (optional).....▶

2 1 3 1 8 8

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 9

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial) Faga, Patrick

Date of Receipt

Payroll Deduction

Mailing Address
735 Roosevelt Street

City State Zip Code
Story City, Iowa 50248

FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

1 7 0 0 0

Name of Employer Occupation
Farmers Mutual Hail Ins. Co. SVP FMH

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1 0 2 0 0 0

Full Name (Last, First, Middle Initial) Kevin Johnson

Date of Receipt

Payroll Deduction

Mailing Address
1783 Maple Ct

City State Zip Code
Winterset, IA. 50273

FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

6 4 5 6

Name of Employer Occupation
Farmers Mutual Hail Ins. Co. VP Sales

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
4 1 8 6 4

Full Name (Last, First, Middle Initial) Larry Ewart

Date of Receipt

Payroll Deduction

Mailing Address
15188 Bryn Mawr

City State Zip Code
Clive, IA. 50325

FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

6 2 8 4

Name of Employer Occupation
Farmers Mutual Hail Ins. Co. VP Claims

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
4 0 7 2 2

SUBTOTAL of Receipts This Page (optional).....▶

2 9 7 4 0

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 3 OF 9

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

Grant E. Krohn

Date of Receipt

PAYROLL DEDUCTION

Mailing Address

26818 N Avenue

City

State

Zip Code

Adel, IA 50003

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

5 8 3 2

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Asst VP Quality Control

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3 7 1 0 0

Full Name (Last, First, Middle Initial)

Kenneth J. Lilgedahl

Date of Receipt

PAYROLL DEDUCTION

Mailing Address

8935 Lyndhurst

City

State

Zip Code

Johnson, IA 50131

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

5 5 5 6

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3 3 3 3 6

Full Name (Last, First, Middle Initial)

William S. Workman

Date of Receipt

Payroll Deduction

Mailing Address

567 S 34th Court

City

State

Zip Code

West Des Moines, IA 50265

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

0 0

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 8 3 2

SUBTOTAL of Receipts This Page (optional).....▶

1 1 3 8 8

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial) **Dru Donald Lesnick**

Date of Receipt

Mailing Address

4436 NW 169th st

Payroll Deduction

City State Zip Code

Clive, IA 50325

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

4 5 5 2

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

AVP Tech Services Manager

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 7 3 1 2

Full Name (Last, First, Middle Initial) **Bryant J. Tjeerdsma**

Date of Receipt

Mailing Address

8855 Kingman Dr

Payroll Deduction

City State Zip Code

West Des Moines, IA 50266

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

4 1 8 0

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

AVP Crop Insurance UW

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 7 0 7 0

Full Name (Last, First, Middle Initial) **Cindi Anderson**

Date of Receipt

Mailing Address

15934 Rosewood Court

Payroll Deduction

City State Zip Code

Clive, IA 50325

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

3 8 8 0

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

AVP Compliance

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 1 6 4

SUBTOTAL of Receipts This Page (optional).....▶

1 2 6 1 2

TOTAL This Period (last page this line number only).....▶

0 0 0 0 0

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: **PAGE 5 OF 9**
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A.		Full Name (Last, First, Middle Initial) Constance S. Doud		Date of Receipt	
Mailing Address 5200 Pond View Circle				<input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Deduction	
City Des Moines, IA 50317		State Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4				3 7 8 8	
Name of Employer Farmers Mutual Hail Ins. Co.		Occupation Senior R&D Analyst			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2 4 5 7 6			
B.		Full Name (Last, First, Middle Initial) Myron Hall		Date of Receipt	
Mailing Address 4102 NE 48th Street				<input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Deduction	
City Des Moines, IA 50317		State Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4				3 7 3 6	
Name of Employer Farmers Mutual Hail Ins. Co.		Occupation Software Devel III			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2 4 2 5 4			
C.		Full Name (Last, First, Middle Initial) Roger Haist		Date of Receipt	
Mailing Address 5037 Lakewood DR				<input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Deduction	
City Norwalk, IA 50211		State Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4				3 9 9 6	
Name of Employer Farmers Mutual Hail Ins. Co.		Occupation SVP Underwriting			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2 3 9 7 6			
SUBTOTAL of Receipts This Page (optional).....▶				1 1 5 2 0	
TOTAL This Period (last page this line number only).....▶				0 0 0 0 0	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: **PAGE 6 OF 9**
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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name (Last, First, Middle Initial) Wade Preston		Date of Receipt MM / DD / YYYY Payroll Deduction
Mailing Address 755 SE Murphy Drive		Amount of Each Receipt this Period 3 8 9 2
City Waukee, IA 50263	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation AVP IS P&C	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 3 3 5 2	

B. Full Name (Last, First, Middle Initial) Marion Ball		Date of Receipt MM / DD / YYYY Payroll Deduction
Mailing Address 13934 Buena Vista Drive		Amount of Each Receipt this Period 3 4 6 0
City Urbandale, IA 50323	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation AVP Claims	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 2 4 4 0	

C. Full Name (Last, First, Middle Initial) Vickie Bell		Date of Receipt MM / DD / YYYY Payroll Deduction
Mailing Address 1017 Marshall St		Amount of Each Receipt this Period 3 4 5 2
City DeSoto, IA 50069	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation Accounting Manager I	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 2 3 7 6	

SUBTOTAL of Receipts This Page (optional).....▶

1 0 8 0 4

TOTAL This Period (last page this line number only).....▶

0 0 0 0 0

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 7 OF 9
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name (Last, First, Middle Initial) Nancy Bockelman		Date of Receipt
Mailing Address 6390 Beechtree, Unit #1101		<input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Deduction
City West Des Moines, IA	State IA	Zip Code 50266
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Amount of Each Receipt this Period 3 4 2 4
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation Accounting Manager II	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 2 1 2 6	

B. Full Name (Last, First, Middle Initial) Jill Pfannebecker		Date of Receipt
Mailing Address 1410 Rosenkranz Drive		<input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Deduction
City Waukee, IA	State IA	Zip Code 50263
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Amount of Each Receipt this Period 3 4 0 4
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation Accountant	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 2 0 8 2	

C. Full Name (Last, First, Middle Initial) Karen Daugherty		Date of Receipt
Mailing Address 418 North Central Ave		<input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Deduction
City Lacona, IA	State IA	Zip Code 50139
FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4		Amount of Each Receipt this Period 3 4 1 2
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation AVP Crop Hail Operations	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2 2 0 7 6	

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1 0 2 4 0
0 0 0 0 0

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

PAGE 8 OF 9

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

Tyrone Kumler

Mailing Address

3840 E. Mill Street, Unit #8

City

State

Zip Code

Hamilton, IN 46742

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Field Rep

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 1 6 7 2

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

3 6 1 2

Full Name (Last, First, Middle Initial)

Mark Vetter

Mailing Address

3915 141st Street, Unit #4

City

State

Zip Code

Urbandale, IA 50323

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Senior MPC1 Analyst

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 8 0 0

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

3 2 0 0

Full Name (Last, First, Middle Initial)

John Swallow

Mailing Address

3708 Boulder Circle

City

State

Zip Code

West Des Moines, IA 50265

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Senior Claims Analyst

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 2 8 8

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

3 1 3 6

SUBTOTAL of Receipts This Page (optional).....▶

0 9 9 4 8

TOTAL This Period (last page this line number only).....▶

0 0 0 0 0

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: **PAGE 9 OF 9**
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name (Last, First, Middle Initial) **Jeffrey Harbert**

Mailing Address

17143 Owl Creek Drive

City

State

Zip Code

Warrenton, MO 63383

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Field Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

2 0 2 8 6

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

3 1 2 8

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

0 0 0 0 0

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

0 0 0 0

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

3 1 2 8

TOTAL This Period (last page this line number only).....▶

3 1 2 5 6 8

Federal Election Commission
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<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
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PREPARER
(3/2005)

1/24/13
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